COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine



# RECEIVED

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MAINE ETHICS COMMISSION

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## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previously	filed statement for the calendar year 20	007.		
LEGISLATOR INFORMATION				
Name Joshva A. Tardy Mailing address Po Box 381		Member of: ☐ House ☐ Senate District ☐ S		
City, zip code Newport Me 04953		Phone 207-341~585%		
PART 1. INCOME DERI	VED FROM EMPLOYMENT BY ANOT	HER		
List the name and address of each employer fron principal type of economic activity of each employer	whom you received compensation of .	\$1,000 or more. Specify the		
Name of Employer Irwin Tardy & Mornis	Address 476 Mainst Newport	Principal Type of Economic Activity of Employer		
State of Maine		lesislater		
M: Hennim Convention	Rf 100 Newport Me	banquet fealeb		
Turdy Conners Group LLL	Newpat Me	Firnitus manufactus		
ITM Neuly	Newport Mo	rental		
PART 2. INCOME D	ERIVED FROM SELF-EMPLOYMENT			

(For Legislators who are self-employed.)

A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.

Name and Address of Business Entity

Major Areas of Economic Activity (self)

Major Areas of Economic Activity (partnership, association or similar business entity)

Name:

No Change from prix felings

Address:

Name:

Address:

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#### PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

(For Legislators who are self-employed.)

B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

Name and Address of Source

Principal Type of Economic Activity of Entity or Person Who is the Source of the income

Name:
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Address:

No change from prior beling

Name

Address:

#### PART 3. MAJOR AREAS OF PRACTICE

(For Legislators who are attorneys-at-law only.)

List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.

Name and Address of Firm

Malor Areas of Practice

Major Areas of Practice (firm)

Address:

Irwin Tarda I Morris Po Box 476 Newpord Me

litigution/real estate Samo

Name:

Address:

### PART 4. OTHER SOURCES OF INCOME

List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box,

☑ None

Name and Address of Source

Kind of Income (investments, leases, etc.)

Name:

Address:

Name

Address

#### PART 5. REPORTABLE LIABILITIES

List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas afeconomic activity of each creditor. Do not list loans from a relative. If none, check the box..

☑ None

Name and Address of Creditor

Principal Type of Economic Activity of Creditor

**Namo:** 

Address:

Name

Address

#### PART 6. REPORTABLE GIFTS

List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. If none/check the box...

M None

Name of Source of Gift

Name of Source of Gift

1.

3.

2.

4,

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PART 7. REPORTABLE HONORARIA				
List-the source of any honoraria accepted for appearances or speeches related to your official duties. If none, check the box.				
None	-			
Name of Source of Honoraria	Name of Source of Honoraria			
1. 3.				
2, 4.				
PART 8. REPRESENTATION BEFORE STATE AGENCIES				
List each executive branch agency before which you represented or ass the box.	isted others for compensation of any amount. If none, check			
☐ None				
Name of Agency	Name of Agency			
1. Land Use Regulation Commission 3.				
2. 4.	· · · · · · · · · · · · · · · · · · ·			
7.				
PART 9. BUSINESS WITH S				
List each executive branch agency to which you or a member of your imm \$1,000 during the reporting period. If none, check the box.	nediate family sold goods or services with a value in excess of			
☐ None				
Name of Agency	Name of Agency			
1. Department of Corrections 3.				
S.				
2. 4.				
PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY				
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.				
	Circle			
Type of Economic Activity Representing Source of Income Received	appropriate Kind of Income			
1. law office manager	(S) D			
2.	s p			
3.	S D			
4.	s p			
SIGNATURE				
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)	to a fine of \$10 per business day until the report is filed.			
The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.				
f the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question.  1 M.R.S.A. § 1019)				

2-21-08

Date